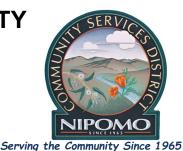
NIPOMO COMMUNITY



SERVICES DISTRICT

148 SOUTH WILSON STREET POST OFFICE BOX 326 NIPOMO, CA 93444 - 0326 (805) 929-1133 FAX (805) 929-1932 Website address: ncsd.ca.gov E-mail: customerservice@ncsd.ca.gov

AUTO PAY REQUEST/MODIFICATION FORM

This is a request to SETUP or MODIFY an agreement between the NIPOMO COMMUNITY SERVICES DISTRICT and the undersigned PROPERTY OWNER/REPRESENTATIVE. One form will be required for each account.

My signature constitutes notice to Nipomo Community Services District to SETUP or MODIFY the Utility Billing Auto Pay Agreement for the property listed below. I understand that this request will take effect immediately, and needs to be submitted prior to the due date.

IVAII	ie on Account.	
Serv	vice Address:	
NCS	SD Account Number:	
Tele	ephone Number:	
Ema	ail Address:	
l w	ould like to:	
	REQUEST autopay fo	ny account. a voided check drawn on the account I would like to use.
		k account currently on file. a voided check drawn on the account I would like to use.
	CANCEL autopay com	etely.
Signature		Date

Authorization

I hereby authorize the Nipomo Community Services District and my financial institution designated above to automatically deduct from my account, all future payments for my utility bills. I understand that both Nipomo Community Services District and my financial institution reserve the right to terminate the authorization and my participation in this program. If I choose to terminate this authorization, I will immediately notify the District.